**Owner's Name: Pet's Name:**

**Arrival Date: Discharge Date:**

**Who do we contact while your pet is here? (Name & Phone Number):**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Feeding Instructions: \_\_\_\_\_\_Own Food \_\_\_\_\_ Kennel Food \_\_\_\_\_\_\_\_\_\_(Amount) \_\_\_\_\_\_\_\_(Times a Day)**

***\*We feed Chicken Blend Pedigree dry dog food. If this is not what you feed your dog at home, it may develop gastrointestinal illness (i.e. diarrhea, vomiting) when food is changed suddenly. \****

**Medication Instructions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Name of Medication) \_\_\_\_\_\_\_\_\_(Frequency/Times Given)**

**Bath ($38.02):** [ ]  YES, bathe my pet. [ ]  NO, do not bathe my pet.

 IF YES: Confirm Date & Time of Pick Up (So we know when to bathe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Playtimes/Photos:**

[ ]  1-on-1 Indoor Playtime ($15 for 15 mins) (How Many? \_\_\_\_\_)

[ ]  1-on-1 Indoor Playtime with photo update. ($17 each) (How Many? \_\_\_\_\_)

Text \_\_ or Email \_\_ (Ph./Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

**Social Media Release**

 DeWitt Animal Hospital maintains an internet (website, Facebook, etc.) and public relations (flyers, mailings, etc.) presence for purposes including marketing and client education.

 Part of this presence includes posting and printing photographs of our practice and its daily workings. Therefore, we may be interested in using images of your pet(s) as part of the effort to maintain, expand, and educate the public about our business and services.

\*\*We would refer to pets pictured ***by first name only***, if at all. ***Please let us know how we may use photographs of your pet(s)***:

[ ]  DeWitt Animal Hospital has my permission to use or post photographs of my pet(s).

 [ ] DeWitt Animal Hospital may **NOT** use or post photographs of my pet(s).

**Additional Services: (There is a charge for each service provided)**

[ ]  Nail trim ($15.80 + Tax) [ ]  Fecal Examination ($49.99) [ ]  Exam ($52-$80)

Vaccinations [ ]  DISTEMPER ($18.80) [ ]  CANINE BORDETELLA ($27.56) [ ]  CANINE LYME($40) [ ]  FELINE LEUKEMIA($30.80)

 [ ]  RABIES ($28.35)

Canine: [ ]  Heartworm Test ($46.20) **OR** [ ] 4DX Test: Heartworm/Lyme/Ehrlichia/Anaplasmosis ($65.00)

Feline: [ ]  Leukemia/Aids Test ($61.00)

Bloodwork (Price Varies by Test) [ ] CBC (Complete Blood Count) [ ] DPII (Chemistry Panel) [ ] T4 (Thyroid) [ ] BNP (Heart)

[ ]  Teeth cleaning (if time allows - $248.75+) - Pre-Anesthesia Consent Form Required

**Please Choose ONE of the Following Options Regarding the Medical Treatment of Your Pet During Its Stay**

[ ]  I authorize any and all diagnostic tests, treatments and surgeries necessary. I accept full financial responsibility for all charges related to the treatment of my pet.

[ ]  I authorize any and all diagnostic tests, treatments and surgeries necessary up to $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I accept full financial responsibility for all charges within the dollar amount listed above incurred during this time. Should treatment needed exceed the amount listed above, please contact the individual listed on the front of this form.

[ ]  I DO NOT authorize any diagnostic tests, treatments, or surgeries. I request that my pet be euthanized should the Veterinarian determine that my pet requires extensive measures to maintain life. I understand that "extensive measures" is left solely to the discretion of the Doctor.

**Statement of Kennel Policy**

1. Boarding charges begin the day animal is admitted at **$30/day for dogs**, **$22/day for cats,** and **$15/day for small animals and birds.** There is NO charge for the day of pick up if picked up before 12:00 pm (noon).
2. DeWitt Animal Hospital, P.C. has requirements that all animals boarding in our facility are spayed or neutered. Dogs and cats also have specific requirements that must be current at the time of boarding in order to board in our facility. ***\*If these items are not current at the time of boarding, we require that they be completed while the animal is boarding in our facility at the expense of the pet owner.\****
	1. Cats: Distemper and Rabies vaccines, fecal test with negative result, FeLV/FIV test with negative result.
	2. Dogs: Distemper, Rabies, and Bordetella vaccines, fecal test with negative result, heartworm test with negative result.
3. Kennel Cough is a respiratory disease caused by various agents. Bordetella is the most common cause of kennel cough. All dogs are required to be vaccinated for Bordetella before boarding; however, no vaccine covers all strains of Bordetella, or other causes of kennel cough. Kennel cough may be contracted by an animal even if it is current on vaccines. DeWitt Animal Hospital will not be held responsible for a pet that contracts kennel cough during or after boarding. ***\*Kennels are cleaned and disinfected daily. All efforts are made to help prevent the spread of disease, while your pet is boarding. \****
4. Please understand that some pets that need baths may not be bathed due to time constraints and/or temperament of the pet.
5. Some dogs do not board well and may walk in their own stool or urine, etc. Such a dog will be bathed, at the discretion of the DeWitt Animal Hospital, and you will be charged for the bath.
6. All reasonable precautions will be used to prevent injury of your pet during its stay. DeWitt Animal Hospital is not responsible for the actions of your pet that may cause injury.
7. If parasites are found on your pet during its stay, they will be treated at the discretion of DeWitt Animal Hospital and the cost of treatment will be added to the total bill.
8. **If your pet is found to be aggressive and/or dangerous to the staff or other animals, you may be charged for any damages or bites. It is also possible that your pet may not be able to board here again.**

**Owner Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:**

**Check-In Staff Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:**